

Suffolk Airport Canine Kennel



Potential Hazardous Waste Site

Preliminary Assessment

*PAI
New Site Discovery
Removal Candidate
Copy to Fred*

DRAFT

FILE COPY

COMPLETED

356556



A1YD 981186943

POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT				I. IDENTIFICATION 01 STATE 02 SITE NUMBER NY D061958591	
II. SITE NAME AND LOCATION					
01 SITE NAME (Legal, common, or descriptive name of site)			02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER		
Suffolk Airport Canine Kennel			Old Riverhead Road		
03 CITY		04 STATE	05 ZIP CODE	06 COUNTY	07 COUNTY CODE 08 CONG DIST
Westhampton (Town of Southampton)		NY	11978	Suffolk	
09 COORDINATES		LATITUDE		LONGITUDE	
		40° 50' 20."		72° 37' 15 "	
10 DIRECTIONS TO SITE (Starting from nearest public road)					
Access Road on Airport property.					
III. RESPONSIBLE PARTIES					
01 OWNER (if known)			02 STREET (Business, making, residential)		
County of Suffolk; Department of Public Works			Yaphank Avenue		
03 CITY		04 STATE	05 ZIP CODE	06 TELEPHONE NUMBER	
Yaphank		NY	11980	(516) 924-4300	
07 OPERATOR (if known and different from owner)			08 STREET (Business, making, residential)		
09 CITY		10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER	
				()	
13 TYPE OF OWNERSHIP (Check one)					
<input type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input checked="" type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)					
<input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: ____/____/____ <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: ____/____/____ <input type="checkbox"/> C. NONE					
IV. CHARACTERIZATION OF POTENTIAL HAZARD					
01 ON SITE INSPECTION		BY (Check all that apply)			
<input checked="" type="checkbox"/> YES DATE <u>1</u> / <u>21</u> / <u>86</u> <input type="checkbox"/> NO MONTH DAY YEAR		<input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input checked="" type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): <u>EA Science and Technology</u>			
02 SITE STATUS (Check one)		03 YEARS OF OPERATION			
<input type="checkbox"/> A. ACTIVE <input checked="" type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		BEGINNING YEAR _____ ENDING YEAR _____ <input checked="" type="checkbox"/> UNKNOWN			
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED					
Half-buried capacitors oozing fluids to the ground were observed and buried drums were suspected by NYSDEC inspectors. Soil samples collected by NYSDEC reportedly confirmed the release of PCBs.					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION					
Soil and potential contamination to ground water.					
V. PRIORITY ASSESSMENT					
01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)					
<input checked="" type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input type="checkbox"/> D. NONE (No further action needed, complete current disposition form)					
VI. INFORMATION AVAILABLE FROM					
01 CONTACT		02 OF (Agency Organization)		03 TELEPHONE NUMBER	
Rebecca Ligotino		EA Science and Technology		'914' 692-6706	
04 PERSON RESPONSIBLE FOR ASSESSMENT		05 AGENCY	06 ORGANIZATION	07 TELEPHONE NUMBER	08 DATE
Larry Wilson			EA	(914) 692-6706	<u>3</u> / <u>26</u> / <u>86</u> MONTH DAY YEAR



☐ I. HIGHLY VOLATILE
☐ J. EXPLOSIVE
☐ K. REACTIVE
☐ L. INCOMPATIBLE
☐ M. NOT APPLICABLE

New York State Department of Environmental Conservation Region I files.